

APPLICATION for UNIVERSAL DISABILITY PASS

NAME			
	First Name	Full Middle Name	Last Name
DNRid#		Date:	
		Signature	
	050	•	
		TIFICATION of DISABILIT I by a licensed health care p	
	impairment substa	nt suffers from the impairm antially limits one or more m impairment and location be	najor life activities.
Condition is	s □ permanent □	temporary anticipated to	o last until
Prir	nted name	Signature – license	d health care provider
Specialty:]physician □ chirop	oractor \square optometrist \square podi	atrist \square nurse practitioner
Address:			
Telephone:	<u> </u>		
Email:			
		Issuing state E	xp date
		OFFICE USE ONLY	
Approval dat	te:	By:	

Instructions for Universal Disability Pass

STEP 1

Register with the Department at https://compass.dnr.maryland.gov/DnrCompassPortal

If you held a hunting or fishing license in the past 3 years, your information has been migrated to our new licensing system – COMPASS. Some additional information will be required in order to complete your registration (usually SSN, telephone #, email).

If you are new to the Department, select <u>I've never purchased a license from DNR</u> and follow the prompts.

Once completed, you will be able to print out your DNRid card, which displays your DNRid# (upper left corner).



STEP 2

Enter your DNRid# on the application - sign and date.

Present to your licensed health care provider for completion of the Certification of Disability.

STEP 3 -- Mail completed application to:

MD DNR Licensing & Registration Service (UDP) 1804 West St Ste 300 Annapolis MD 21401

STEP 4

You will be notified when your application has been approved. At that time, you can return to https://compass.dnr.maryland.gov/DnrCompassPortal and reprint your DNRid card. Your card will now display "U" after CRT in the upper right corner. This card is all that will be needed in the future to enjoy the benefits of the Universal Disability Pass.